## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

LOBBLLON

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			104					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUME	BER EXTRA		BASIC FEI	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			\()\(\frac{1}{4}\)minus 20=		* 8 M			X\$ 9=		OR	X\$18=	1512
INDEPENDENT CLAIMS			5 minus 3 =		* 9			X43=	1	OR	X86=	17 2.
MULTIPLE DEPENDENT CLAIM PRESENT								+145=	<u> </u>		+290=	1 1 4.
* If the difference in column 1 is less than				ero, enter	"0" in c	column 2		TOTAL	i I	OR OR	TOTAL	91.
CLAIMS AS AMENDED - PART II							j,	TOTAL	L	JOH	OTHER	2 1, 51
		(Column 1)	(Column 2)			(Column 3)		ŞMALL	ENTITY	OR	SMALL !	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* .	Minus	***	<u> </u>	=		X43=		OR	X86=	
Ц	FIRST PRESE	ENTATION OF MI	ULTIPLE DEF	PENDENT	CLAIM			+145=		OR	+290=	
								TOTAL		ا <sub>ح</sub> ارا	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)						_	ADDIT. FEE		,	AUDII. PEEL	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	Ark -		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=	•	OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
							L	TOTAL			TOTAL	
		A	DDIT. FEE		, ,	NDDIT. FEE <b>L</b>						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMBI PREVIOU PAID FO	ST ER JSLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=	.	X43=		OR	X86=	
+145= OR										+290=		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								· .	OR A	TOTAL DDIT. FEE	
		mber Previously Pa ber Previously Paic						DDIT. FEE L	ropriate box			